

STATE OF COLORADO  
Department of State

1700 Broadway, Suite 270  
Denver, CO 80290



Gigi Dennis  
Secretary of State

Patti Fredrick  
Director, Colorado HAVA

Attn: **TeakSimonton**  
County Clerk and Recorder

COUNTY: **EAGLE**

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2005 Coordinated Election. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

Make/Model	Type	Use:	Serial #	Location Used:	Race Name to Audit:	Machine Count:	Manual/Hand Count:	Canvass Board Initials
Accuvote OS	Scanner	Absentee Central Count	76801	Central Office	Eagle Referendum 1a - Yes	46	46	TS, SR, EJB, HML
Accuvote OS	Scanner	Absentee Central Count	76801	Central Office	Referendum C - Yes	65	65	TS, SR, EJB, HML
Accuvote OS	Scanner	Absentee Central Count	76801	Central Office	Eagle Referendum 1a - No	47	47	TS, SR, EJB, HML
Accuvote OS	Scanner	Absentee Central Count	76801	Central Office	Referendum C - No	34	34	TS, SR, EJB, HML

**NOTE:** If the RACES selected were not counted on that device or do not appear in the central count ballot selection, the Canvass board shall audit "Referendum C" or "Referendum D" in place of the missing races. Please mark the form appropriately. If the MACHINES selected were not used in the election, please contact JOHN GARDNER (303) 860-6971 as soon as possible.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State at: [voting.systems@sos.state.co.us](mailto:voting.systems@sos.state.co.us). This form must be returned no later than: 5:00pm November 18, 2005.

For Internal Use Only

Phone Number:

E-mailed by (name):

Email Date and Time:

Email Address:

(Attach copy of E-mail)

Faxed by (name):

Faxed Date and Time:

Fax Number:

(Attach copy of fax confirmation)